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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEGAL TEAM PLLC
Account Number : I20210000040
Phone : (786)307-2393
Fax Number : (786)524-3342

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ksuarez@legalteamservices.com

FLORIDA LIMITED LIABILITY CO.
ST Washington Ave LLC

Certificate of Status	0
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ST WASHINGTON AVE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karel Suarez

Name of Person

The Legal Team PLLC

Firm & Company

4000 Ponce de Leon, Suite 470

Address

Coral Gables, FL 33146

City, State and Zip Code

ksuarez@legaleamservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karel Suarez

786

307-2393

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ST WASHINGTON AVE LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:4000 Ponce de Leon4000 Ponce de LeonSuite 470Suite 470Coral Gables, FL 33146Coral Gables, FL 33146

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

The Legal Team PLLCN/A4000 Ponce de Leon, Suite 470Florida street address (P.O. Box **NOT** acceptable)Coral GablesFL33146CityStateZip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in ~~its~~ **his** capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in ~~Chapter~~ **Chapter** 605, F.S.

DocuSigned by

Karel Suarez

Registered Agent's Signature (4:0) (4:1)

(CONTINUED)

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TALLAHASSEE, FL
SECRETARY OF STATE

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

Erick Trelles18801 SW 89th Road
Miami, Florida 33157Karel Suarez1815 SW 85th Court
Miami, Florida 33155

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:

Erick Trelles

5312837E80C24D34

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.Erick Trelles

Typed or printed name of signor

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)